TennCare Operational Protocol

Incorporating the October 5, 2007 Demonstration Extension

Bureau of TennCare
Nashville, Tennessee

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Disclaimer

The purpose of the TennCare Operational Protocol is to provide a general description of how the TennCare Demonstration functions. This is not an exhaustive discussion of the TennCare Demonstration, nor is it a legal document. It is a very basic discussion of the Demonstration and a referral to other documents that provide more information about the TennCare program.

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List of Abbreviations Used in This Document

ACCENT	Automated Client Certification and Eligibility Network for Tennessee
ADA-CDT	American Dental Association—Current Dental Terminology
BDCHMI	Bad Debt, Charity, and Medically Indigent Costs
BHO	Behavioral Health Organization
BPN	Best Practice Network
CDC	Centers for Disease Control and Prevention
CAH	Critical Access Hospital
CAHPS	Consumer Assessment of Health Plans Study
CMS	Centers for Medicare and Medicaid Services
COBRA	Consolidated Omnibus Budget Reconciliation Act
CPE	Certified Public Expenditure
CPT	Current Procedural Terminology
CRA	Contractor Risk Agreement
DBM	Dental Benefits Manager
DCS	[Tennessee] Department of Children's Services
DESI	Drug Efficacy Study Implementation
DHS	[Tennessee] Department of Human Services
DMHDD	*See TDMHDD*
DMRS	[Tennessee] Division of Mental Retardation Services
DOH	[Tennessee] Department of Health
DSH	Disproportionate Share Hospital
EAH	Essential Access Hospital
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
EQRO	External Quality Review Organization
FFP	Federal Financial Participation
FPL	Federal Poverty Level
FQHC	Federally Qualified Health Center
FTP	File Transfer Protocol
FY	Fiscal Year
GHR	General Hospital Rate
HCBS	Home and Community Based Services
HCFA	Health Care Financing Administration (see CMS)
HCPCS	HCFA Common Procedure Coding System
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health Maintenance Organization
HEDIS	Health Plan Employer Data and Information Set
ICD-9	International Classification of Diseases, 9th Revision
ICF/MR	Intermediate Care Facility for persons with Mental Retardation
IHS	Indian Health Service
IRS	Internal Revenue Service; or Identical, Related, or Similar [Drugs] (context of use)
IS	Information Systems
LTE	Less Than Effective [Drugs]
MCC	Managed Care Contractor
MCO	Managed Care Organization
MDSA	Medicare Disproportionate Share Adjustment
ME	Medically Eligible
MEGs	Medicaid Eligibility Groups

MEQC	Medicaid Eligibility Quality Control
MNIS	Medically Needy Income Standard
MR	Mental Retardation
NCPDP	National Council for Prescription Drug Programs
NCQA	National Committee for Quality Assurance
PBM	Pharmacy Benefits Manager
PCP	Primary Care Provider
PLHSO	Prepaid Limited Health Service Organization
PMPM	Per Member Per Month
POS	Point of Service
PSA	Public Service Announcement
RFI	Request for Information
SED	Seriously Emotionally Disturbed
SFY	State Fiscal Year (July 1 through June 30)
SPA	State Plan Amendment
SPMI	Severely and/or Persistently Mentally Ill
SSA	Social Security Administration
SSD	Standard Spend Down
SSI	Supplemental Security Income
STC	Special Terms and Conditions
T.C.A.	*Tennessee Code Annotated*
TANF	Temporary Aid to Needy Families
TCMIS	TennCare Management Information System
TDCI	Tennessee Department of Commerce and Insurance
TDMHDD	Tennessee Department of Mental Health and Developmental Disabilities
TRHCA	Tax Relief & Health Care Act of 2006
TPA	Third Party Administrator
TPG	Target Population Group
TPL	Third Party Liability
TSU	TennCare Solutions Unit
YDC	Youth Development Center

List of "User Friendly" Definitions

Note: For legal purposes, the definitions in the state rules and the state's contracts are to be used. The following list is intended to provide "user friendly" definitions for general reference only.

Applicant. A person who has applied for TennCare but whose application has not been approved or denied.

Caretaker Relative. A relative who is taking care of a Medicaid-eligible child. Caretaker relatives may be eligible for the Standard Spend Down (SSD) program if they meet the program criteria.

Case. A household that includes some members who are TennCare eligible.

Closed enrollment. A period of time during which the only persons who can enroll in TennCare as new members are those found eligible in an active Medicaid category.

Consumer Assessment of Health Plans Study (CAHPS). A set of standardized surveys that measure patient satisfaction with experience of care. CAHPS is sponsored by the Agency for Health Care Quality.

Demonstration eligible. Persons who are not eligible under Tennessee's State plan (Medicaid) but who are otherwise eligible for the TennCare Demonstration project. Demonstration eligibles are enrolled in TennCare Standard.

Demonstration project. A project approved by the Centers for Medicare and Medicaid Services that allows certain Medicaid statutes and regulations to be "waived" for the purpose of "demonstrating" or "testing" a principle or set of principles about health care. TennCare is a demonstration project designed to show that a managed care approach can be used to extend coverage to people who would not otherwise be eligible for Medicaid, without costing the state more money than the state would have spent on a Medicaid program only and without compromising service quality.

Disenrollment. This term is used in two ways by TennCare. 42 CFR 438.56 uses the term "disenrollment" to refer to the process by which individuals change MCOs. TennCare has historically used the term "disenrollment" to refer to the process by which a person who has lost eligibility for TennCare is removed from the program. STC Section XII, Part 1 uses the term "disenrollment" in this manner. The proper interpretation of the term thus depends upon the context in which it is used.

Dual eligible. A person who is eligible for both Medicare and TennCare, meaning he is eligible in a TennCare category that permits access to insurance AND he has Medicare.

A "true dual" is a person who is entitled to all the benefits of Medicare and all the benefits of TennCare. He gets most of his services from Medicare, and he also gets the services TennCare covers that Medicare does not cover. Two examples of services that TennCare covers but Medicare does not are non-emergency transportation and mental health case management.

Eligible. A person who has been determined eligible for TennCare.

Enrollee. A person who has been determined eligible for TennCare and who has been enrolled in the program.

Family. Parents and related children who live together in the same household. "Related" individuals include parents' spouses who live in the home, as well as siblings, half-siblings, and step-siblings. Caretakers (such as grandparents) who are not parents but who are present in the home are not included in the definition of "family" unless they request to be included. Children living at home are removed from the "family" once they turn 21 (for TennCare Medicaid) or they marry, whichever comes first. Children turning 19 and enrolled in TennCare Standard are reverified separately for eligibility in other categories as enrollment in TennCare Standard is currently closed.

Health Plan Employer Data and Information Set (HEDIS). The most widely used set of performance measures in the managed care industry, designed to allow reliable comparison of the performance of managed health care plans. HEDIS is developed and maintained by the National Committee for Quality Assurance.

Immediate eligibility. A process by which children entering state custody (other than those going into Youth Development Centers) are assigned to TennCare Select so that they can start receiving TennCare-reimbursed health care services immediately. If the result of the eligibility determination process is that the child is not eligible for TennCare, DCS will refund to TennCare Select any payments made on the child's behalf.

There is also an immediate eligibility process for persons applying to enroll in the Statewide Home and Community Based Services Waiver for the Elderly and Disabled as set forth in State Rule 1200-13-1-.02(5). This allows an individual to begin receiving home and community based long term care services sooner than he otherwise would, in order to avoid institutionalization. To qualify for immediate eligibility, a person must be applying for enrollment into an applicable HCBS waiver program, be determined by TennCare to meet eligibility criteria for admission to a Level I Nursing Facility, as applicable (i.e., have an approved Pre-Admission Evaluation), have submitted an application for financial eligibility determination to DHS, and be expected, based on preliminary review of financial information, to qualify for TennCare Medicaid. If the result of the eligibility determination process by DHS is that the person is not eligible for TennCare Medicaid, any long term care services provided will be reimbursed with state funds, and FFP will not be claimed.

Income. Monies received such as salaries, wages, pensions, certain rental income, interest income, dividends, royalties, etc., which produce a gain or a benefit to the recipient.

Institutionalized. TennCare enrollees who are receiving TennCare-reimbursed long term care in nursing facilities, intermediate care facilities for persons with mental retardation, or under a home and community based services waiver program.

Marketing. TennCare uses the term "marketing" to refer to all contacts made by managed care entities with enrollees, including letters, enrollee satisfaction surveys, newsletters, etc.

Medicaid. The program for medical assistance provided under Title XIX of the Social Security Act for certain persons with low incomes and special circumstances. Medicaid programs are administered jointly by the state and the federal government. The parameters under which the Bureau operates its Medicaid program are found in the Medicaid State plan.

Medicaid eligible. People who are eligible under the Medicaid State plan (otherwise known as "TennCare Medicaid").

Medicaid Rollovers. Persons who are under age 19 who lack access to insurance and whose Medicaid eligibility is ending. These persons must have incomes below 200% of poverty OR be determined "Medically Eligible" at any income level in order to "roll over" into TennCare Standard. Medicaid Rollovers must complete their applications within specified time periods.

Medically Eligible. An uninsured person under age 19 who is not Medicaid eligible, and who qualifies for TennCare Standard based on certain medical conditions.

Medicare. The program for medical assistance provided under Title XVIII of the Social Security Act for elderly and certain disabled individuals. The Medicare program is administered solely by the federal government.

National Committee for Quality Assurance (NCQA). A nonprofit organization committed to assessing, reporting on, and improving the quality of care provided by organized delivery systems. Useful information on NCQA may be accessed at the NCQA website: www.ncqa.org.

Open enrollment. A period of time announced by the state during which enrollment in the SSD program is open and applications for that category are being taken.

Presumptive eligibility. An established period of time (45 days) during which certain individuals—pregnant women; women identified by the Centers for Disease Control and Prevention (CDC) as being uninsured and needing treatment for breast or cervical cancer—are eligible for Medicaid. During this period of time the presumptively-eligible person must complete an application and qualify for Medicaid in order to stay on the program.

Redetermination. The annual process that occurs for all TennCare Medicaid and Standard enrollees during which they must provide documentation that they continue to meet the eligibility requirements for TennCare in order to stay on the program.

Resources. Assets such as savings accounts, personal property, etc., which are available to an individual. Resources are not counted for persons in the Demonstration population. However, enrollees in the TennCare Standard Spend Down (SSD) population will have resources counted in accordance with the criteria that apply to Medically Needy pregnant women and children under the State Plan.

Retroactive eligibility. Eligibility which begins as of a date in the past. TennCare eligibility is effective on the date of application, if the applicant is subsequently approved, or the date of the qualifying event (such as the date that spend down is met), whichever

is later. TennCare eligibles do not get automatic periods of retroactive eligibility in Tennessee as Medicaid eligibles do in other states. This regulation was "waived" for the TennCare Demonstration project, since it is difficult to manage care for people whose enrollment date is prior to their enrollment into a managed care plan.

Special Terms and Conditions (STCs). The provisions approved by CMS and agreed to by the Bureau, which govern the operation of the TennCare Demonstration project.

Spend Down. A term associated with the Medicaid Medically Needy program, which is an optional eligibility category that states may choose to cover in their Medicaid programs. (See 42 CFR 436 Subpart D.) To "spend down" means that one has a sufficient amount of unreimbursed medical bills to reduce his monthly income to the state's Medically Needy Income Standard (MNIS). TennCare covers pregnant women and children to age 21 in its Medicaid Medically Needy program.

Standard Spend Down (SSD). An eligibility category in TennCare Standard. Standard Spend Down enrollees are defined as non-pregnant adults aged 21 and older who are aged, blind, disabled, or caretaker relatives of Medicaid-eligible children and who have met spend down criteria patterned after the criteria used in the Medicaid Medically Needy program. The SSD program will have an enrollment target of 100,000 people.

State Children's Health Insurance Program (SCHIP). SCHIP is a program that offers coverage to uninsured children. Tennessee's SCHIP program is called "CoverKids." Uninsured TennCare Standard children with incomes below 200% of poverty are considered "SCHIP children" in the TennCare II extension. By being "SCHIP children," the funding for their services comes from Title XXI rather than XIX.

State Plan. A State Medicaid Plan outlines the design of each state's Medicaid program to the Centers for Medicare and Medicaid Services (CMS), the federal agency that oversees Medicaid. Once CMS approves the original Plan, they must also approve all future changes (State Plan Amendments) to the Plan before any changes become effective.

Transitional Medicaid. The availability of continuing Medicaid coverage for a period after an individual has ceased receiving benefits under the Families First (TANF) program.

Uninsurable. Under the previous TennCare demonstration, a person who did not have insurance, who did not have access to insurance other than Medicare, and who had been turned down for insurance because of a health condition. This category is replaced by "Medically Eligible" in the new demonstration.

Uninsured. A person who is not insured and who lacks access to group health insurance.

Waiver. See definition of "Demonstration Project."

Understanding TennCare Terms

TennCare is the name for the state's Section 1115(a) managed care demonstration.

TennCare Select is the name of the managed care plan that is contracted by the state to handle certain populations and to be available in any area where there is inadequate MCO capacity. TennCare Select is also intended to serve as a back-up if one of the other managed care plans leaves the project unexpectedly.

TennCare Medicaid is the name for the package of benefits available for people who are eligible for Medicaid.

TennCare Standard is the name for the package of benefits available for individuals who are uninsured, low-income children already in TennCare Standard or are "Medicaid Rollovers," Medically Eligible children, or adults enrolled in the Standard Spend Down program. Persons enrolled in TennCare Standard are not eligible in any Medicaid category.